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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*  
*none n*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*  
*none n*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
 \*\* 11/05/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>n</i> Verified and Acknowledged Examiner's Signature _____ Initials _____	STATE OR COUNTRY CA	SHEETS DRAWING 5	TOTAL CLAIMS 21	INDEPENDENT CLAIMS 3
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ADDRESS  
 24309  
 XILINX, INC  
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 SAN JOSE , CA  
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TITLE  
 Series capacitor coupling multiplexer for programmable logic devices

FILING FEE  RECEIVED 768	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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